

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 27456

=62-003926

STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

Primary Registration District No. 1003

Registrar's No. 373

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 3 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3133 Magazine			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WESLEY Middle Last HOLLIS			4. DATE OF DEATH Month January Day 7 Year 1962				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Port Gibson, Miss.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Pink Hollis			13b. MOTHER'S MAIDEN NAME Adline (Unknown)		14. NAME OF HUSBAND OR WIFE Flossie Mae Hollis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes NW-1		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Flossie Mae Hollis (Wife), Same add. as 2				
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE						INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
DUE TO (b) PULMONARY EMPHYSEMA						UNKNOWN	
DUE TO (c) 527.1							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from 1/4/62 to 1/7/62 and last saw him alive on 1/7/62 Death occurred at 4:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Aloysius W. Ruckey M.D. (Degree or title)			22b. ADDRESS VAH, St. Louis, Mo.		22c. DATE SIGNED 1/7/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-10-1962	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) Jefferson Brks	23e. (State) Mo			
24. FUNERAL DIRECTOR JAS. H. RANDLE & SON ADDRESS 3133 Bell Ave.		25. DATE RECD. BY LOCAL REG. JAN 9 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ether K. Harris*

Licensed Embalmer No. 4458

P. O. Address 418 Wash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.